

## **INDIANA -- 2001 Nursing Facility Transitions State Grant**

### **Identified Problems with the State's Long-Term Care System**

- Historical over-reliance on institutional placements.
- Increasing number of elderly and persons with disabilities will increase demand for home and community services.
- Waiver programs operate on a first-come, first-serve basis, so waivers are not immediately available to people who would otherwise be able to transition from nursing facilities.
- Pre-Admission Screening (PAS) law exceptions allow hospital discharge planners to immediately place discharged patients in nursing facilities.
- Waiting lists for five of the home- and community-based services (HCBS) waiver programs means community services are not available for people who could otherwise live outside nursing facilities.
- Lack of a system for timely collaboration between case managers and hospital discharge planners.

### **Perceived Strengths**

- The IN-Home Services Program, an existing community services program, brings together funding from the state-funded Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), Title III of the Older Americans Act, the Social Services Block Grant, the Older Hoosiers Account, six HCBS Waivers, the USDA Meals program, and local and private funds.
- There is a statewide, toll-free telephone number to obtain information about home and community services for persons of all ages.
- There is a statewide quality improvement process using total quality improvement techniques, emphasizing consumer choice and satisfaction. The process offers specific feedback to home care providers.
- The state has data management systems for long-term care services provided both in the nursing home and in the community.

### **Primary Focus of Grant Activities**

- Developing models for transition and diversion of eligible persons.
- Providing education and outreach services about nursing home transition
- Enhance collaboration with nursing facilities, associations, housing partners, and assisted living facilities by developing more timely means to identify persons who can return to their communities after a hospitalization rather than being transferred to a nursing facility.
- Identifying and selecting candidates to be transitioned and diverted.
- Conducting program evaluation

## **Goals, Objectives, and Activities**

**Overall Goal.** Create system and policy changes that will offset the way Indiana citizens receive long-term care services to enable each person returning to the community to reside in the housing environment of his/her choice.

**Goal.** Establish at least three local coalitions to develop models for the transition and diversion of eligible persons into HCBS.

### ***Objectives/Activities***

- A consultant will manage the project implementation. Consultant duties include: identify methods of determining grant participants; ensure coordinated and consistent efforts of local partners; analyze optimum strategies for the use of fiscal intermediaries; oversee the preparation of educational materials for providers and consumers; establish specific outcome and impact measures; facilitate coordination of data collection and analysis; and facilitate reports and public presentations.
- Select local coalitions via an RFP process. Coalitions must include at least AAAs, ILCs, Arc of Indiana, Ombudsmen, local BDDS offices, nursing facilities, assisted living facilities, hospitals, home care agencies, and other vendors.
- Evaluation of local models, using process reports, which include interviews with case managers and participants, and outcome-based reports using data in the INsite database on grant and other funds used to implement the project. Other data sources, not yet determined, will be used to measure quality of life, quality of care, and other outcomes.

**Goal.** Transition at least 40 individuals from nursing homes.

### ***Objectives/Activities***

- Develop outreach materials for residents, facilities, and social service professionals, using local coalitions and working with ILCs.
- Ombudsmen and ILCs will assist in education of nursing facility residents, their families, and the general public about the grant projects, nursing facility resident rights, community options, and residents' ability to make choices. ILCs will provide self-advocacy and peer support.
- AAAs and ILCs will train two case managers in each local coalition.
- Identify and select candidates to be transitioned and select participating nursing facilities, using methods developed by the consultant project manager.
- Develop person-centered care plans. Case managers will arrange for home and community services and housing.

**Goal.** Divert at least 20 individuals from nursing homes.

### ***Objectives/Activities***

- Develop outreach materials for residents, hospitals, and social service professionals, using local coalitions and working with ILCs.

- Provide information about the diversion project to hospital patients and their families. Provide information about the diversion project, including selection criteria, to hospitals, hospital discharge planners, and other social service professionals. AAAs and ILCs will train the two case managers in each local coalition. The case managers will work on both transition and diversion.
- Select participating hospitals.
- Identify characteristics to use to select diversion candidates, based on an analysis of the hospital's functional characteristics, current discharge patterns, and referral sources.
- Select candidates, based on characteristics and referrals from physicians, primary care nurses, and discharge planners.
- Develop person-centered care plans. Case managers will arrange for HCBS and housing.

### **Key Activities and Products**

- Develop education and outreach for participants, families, social service professionals, and the general public.
- Develop local coalitions to demonstrate model programs to assist people in transition and diversion.
- Train at least six case managers to divert and transition people to alternatives to nursing facilities.
- Qualitative and quantitative evaluation of local demonstration projects.

### **Consumer Partners and Consumer Involvement in Planning**

No involvement cited.

### **Consumer Partners and Consumer Involvement in Implementation Activities**

Consumers will be interviewed as part of the progress reports used in evaluating local coalitions. They will also be represented on the following entities:

- C Representation on CHOICE Board.
- C Representation on Commission on Aging.
- C Representation on Community Choice Commission (Advisory Commission for grant).
- C Representation on Community Residential Facilities Council.
- C Representation on Planning Council for People with Disabilities.

The primary advisory body for this grant is the Community Choice Commission. This group will bring together consumers of community-based and institutional services, legislators, advocacy groups, and state agencies. This Commission will provide ongoing leadership for community integration, public discussion, and a mechanism for consistent quality assurance. Also, the Commission will communicate to the public on progress through newsletters, regular progress reports, and public hearings.

Additional public discussion and input will occur through boards such as the CHOICE Board, Arc of Indiana, the Community Residential Facilities Council, the Commission on Aging, and the Indiana Governor's Planning Council for People with Disabilities. The CHOICE Board, an advisory committee for the state-funded CHOICE program, consists of people who represent senior citizens, individuals with disabilities, persons with mental illnesses, providers, home care services advocates, gerontology specialists, and others. The Commission on Aging advises the state on matters affecting the elderly. The Indiana Governor's Planning Council for People with Disabilities provides advocacy and project funding for persons with disabilities. The Community Residential Facilities Council represents services for persons with developmental disabilities in congregate residential settings like group homes.

### **Public Partners**

- Bureau of Developmental Disability Services (BDDS).
- Family and Social Services Administration (FSSA).
- Indiana Housing Finance Authority.
- Indiana State Department of Health.
- Long-Term Care Ombudsman.

### **Private Partners and Subcontractors**

- Area Agencies on Aging (AAAs).
- Assisted Living Facilities.
- Independent Living Centers.
- Arc of Indiana.
- Nursing Facilities.
- Other providers participating in local coalitions.

### **Public and Private Partnership Development/Involvement in the Planning Phase**

#### **Public Partners**

A request for 51 housing vouchers was submitted to HUD. In March 2001, BAIHS and the State Housing Authority began discussion concerning the use of HUD housing vouchers for this grant.

#### **Private Partners**

No involvement cited.

### **Public and Private Partnership Development/Involvement in Implementation**

#### **Public Partners**

Coordination with the State Housing Authority to use 51 requested HUD section 8 vouchers and to identify other housing opportunities available through HUD financed projects will be initiated by November 30, 2001.

**Private Partners**

All of the partners listed above will be involved in many of the grant's activities, as previously described.

**Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities**

Case manager training will be provided under the current contract with the Indiana Association of Area Agencies on Aging and the ILCs.

**Oversight/Advisory Committee**

The grant will be under the direction of the Community Choice Commission, which will be appointed by the Governor with FSSA serving as the lead agency. FSSA will establish a project advisory council through the Community Choice Commission. Membership of the council will include consumers of community and institutional services, advocacy groups, providers, ILCs, and state agencies such as FSSA, the Department of Health, and the Department of Transportation.

**Formative Learning and Evaluation Activities**

- The grant has a monitoring plan for tracking program goals, objectives, and outcomes. The Community Choice Commission will be the focal point for gathering consistent consumer and advocate input, as well as bringing state agencies together to discuss issues and find solutions to problems that inhibit community integration. Consultants will participate in site visits and relay information in the form of reports to the Community Choice Commission. These reports will become part of the quarterly process evaluations completed by the consultants. Process and outcome reports described in the goals and activities section will evaluate local coalition projects.
- The project will develop a means for incorporating feedback into the project's ongoing operations by using a variation of the Quality Improvement Process (QIP), which is currently used by the state's 16 Area Agencies on Aging. For participants with developmental disabilities, the project will use processes of inclusion for persons with developmental disabilities developed by the BQIS.

**Evidence of Enduring Change/Sustainability**

- This demonstration period will enable Indiana to analyze, study, and focus on the most appropriate, cost-effective, and innovative methodology to be used for future funding of Medicaid waivers and to make necessary changes to state funding streams and HCBS waivers.
- The Community Choice Commission will collaborate with state agencies and local partners to incorporate best practices into training and information sessions that will be shared throughout the state.

**Geographic Focus**

Local areas to be determined by RFP process.